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APPLICANTS

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** CONTINUING DATA *****
 N/A

** FOREIGN APPLICATIONS *****
 N/A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 09/07/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* *[Initials]*

EXAMINER'S SIGNATURE INITIALS

ADDRESS

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TITLE

Secure remote access service delivery system

FILING FEE RECEIVED 580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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